

TRANSMITTAL FORM

Attorney Docket No.
BC999066/1501P

In re the application of: Jennie CHING, et al.

Confirmation No: 7262

Serial No: 09/773,047

Group Art Unit: 2611

Filed: January 29, 2001

Examiner: Bui, Kieu Oanh T.

For: Method and System for Object Retransmission Without A Continuous Network Connection
In A Digital Media Distributor System

ENCLOSURES (check all that apply)

<input type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input checked="" type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input checked="" type="checkbox"/>	Pre-Appeal Brief
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input checked="" type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer	- Pre-Appeal Brief Request for Review	
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to.			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

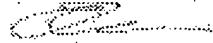
CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	34	35	0	\$ 50.00	\$ 0.00
Independent Claims	3	5	0	\$200.00	\$ 0.00
				Total Fees:	\$ 0.00

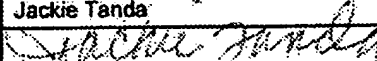
METHOD OF PAYMENT

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input checked="" type="checkbox"/>	Charge \$ 500.00 to Deposit Account No. 09-0460 (IBM Corporation) for payment of Notice of Appeal filing fee.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 09-0460 (IBM Corporation).

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Erin C. Ming, Reg. No. 47,787
Signature	
Date	May 22, 2006

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted to Examiner Kieu-Oanh T. Bui via the USPTO EFS-Web on May 22, 2006.	
Type or printed name	Jackie Tanda
Signature	

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